

FILED MAY 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17548

BIRTH NO. _____		REG. DIST. NO. <u>366</u>		PRIMARY REG. DIST. NO. <u>6245</u>		Registrar's No. <u>41</u>	
1. PLACE OF DEATH a. COUNTY <u>Washington</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Richwoods</u>				c. LENGTH OF STAY (in this place) <u>50 yrs</u>		c. CITY OR TOWN <u>Richwoods</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 miles SW of Richwoods</u>				STREET ADDRESS (If rural, give location) <u>5 miles Southwest</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Julia</u> b. (Middle) <u>A</u> c. (Last) <u>DeClue</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>May 12, 1955</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 20, 1903</u>	
9. AGE (In years last birthday) <u>52</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 14 HRS. Hours _____ Mins. _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Richwoods, Mo.</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Louis Delcour</u>				13b. MOTHER'S MAIDEN NAME <u>Agnes Daugherty</u>		14. NAME OF HUSBAND OR WIFE <u>Leon DeClue</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leon DeClue</u> ADDRESS <u>Richwoods, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. - It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage, left</u> INTERVAL BETWEEN ONSET AND DEATH <u>78 hours</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive vascular disease unknown</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. HOW DID INJURY OCCUR? _____	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>May 10, 1955</u> , to <u>May 12, 1955</u> , that I last saw the deceased alive on <u>May 11, 1955</u> , and that death occurred at <u>11:25 am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Thomas A. Donnell</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>St. Stephens</u>		23c. DATE SIGNED <u>May 14, '55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 16-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Stephens</u>		24d. LOCATION (City, town, or county) (State) <u>Richwoods, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5/20/55</u>		REGISTRAR'S SIGNATURE <u>Arbust</u>		FURNERAL DIRECTOR'S SIGNATURE <u>St. Charles, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

MAY 24 1955

WASH. COUNTY HEALTH DEPT

File No. _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____, working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed _____

R. M. Leno

Licensed Embalmer No. *360*

P. O. Address _____

St. Clair

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.